

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby empower an employee of the GENOA CITY POLICE DEPARTMENT
or other authorized representative thereof bearing this release to obtain information and records, within
one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize GENOA CITY POLICE DEPARTMENT ,
obtain the above information. It is understood that said information shall be used only in consideration of
my internship and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature